



Corporate Office: PO Box 567, Appleton, WI 54912-0567

# Application for Employment

AZCO INC. is an equal opportunity employer. It is the Company's policy to employ, train, compensate, promote and provide other terms and conditions of employment, without regard to a person's race, color, religion, national origin, sex, sexual orientation, age, disability, veteran status, or other characteristics protected by law. This application must be completed in full.

**(Please Print)**

### PERSONAL DATA

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

List previous Name(s) used in the past 7 years: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Provide residence address(es) for the past 7 years:

Address: \_\_\_\_\_  
Street City State Zip

Address: \_\_\_\_\_  
Street City State Zip

Telephone (Day): \_\_\_\_\_ Telephone (Eve): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Are you 18 years of age or older?  Yes  No

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor?  Yes  No

List and explain arrests or convictions (include county, state, and year):

*(This information will not automatically result in denial of employment. The nature and seriousness of the conviction, the date of conviction, and the relation to the position sought will be considered)*

### POSITION INQUIRY

Position(s) applying for: \_\_\_\_\_

Earnings expected: \$ \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Date available for work? \_\_\_\_\_

## Employment Experience

Have you ever worked for AZCO INC., AZCO Construction, Inc., THE AZCO GROUP LTD., or AZCO HENNES INC.?  Yes  No If yes, list dates of employment: \_\_\_\_\_

Are you currently subject to a non-compete or employment agreement with another employer?  Yes  No

Starting with your current or most recent employment, list all previous employers. Include self-employment, military service, summer and part-time jobs for at least the last seven years. Include at least your three most recent employers, if applicable. Must be completed in full for each employer (writing see *resume* is not acceptable).

Employer	Dates Employed		Job Title and Duties
Address (street, city, state, country)	From	To	
	Hourly Rate/Salary		
Phone ( )	Starting	Final	
Name and Title of Manager	Reason for Leaving		
When may we contact this employer? <input type="checkbox"/> Now <input type="checkbox"/> After acceptance of conditional offer			

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Address (street, city, state, country)	From	To	
	Hourly Rate/Salary		
Phone ( )	Starting	Final	
Name and Title of Manager	Reason for Leaving		

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Phone ( )	Starting	Final	
Name and Title of Manager	Reason for Leaving		

Account for all periods of unemployment of one-month duration or more since you left school until the present time. Do not include information related to leaves of absence due to disability or work-related illness or injury. Continue on a separate sheet if necessary.

From (Month/Year)	To (Month/Year)	Explanation

**EDUCATION, SPECIAL TRAINING AND PROFESSIONAL CERTIFICATIONS**

School Name, Address & Phone	Major Area of Study	Did You Graduate	Degree or Certificate
High School or GED ( <i>testing site</i> )		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical/Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional Certification(s) Achieved Relevant to Job	Describe Certification

Special Training Relevant to Job	Describe Training

**REFERENCES**

(Provide three references who are not related to you and are not previous employers)

Name	Address	Phone	Relationship
		( )	
		( )	
		( )	

**AUTHORIZATION**

Please read before signing. If you have any questions regarding the following statements, please ask before signing.

I certify that the facts contained in this application and any resume or other document(s) submitted with respect to this application are true and complete to the best of my knowledge and I understand that misrepresentation or omission on this application or in my interview may be cause for rejection of this application or subsequent termination.

I understand that the Company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials, and other employment-related activities. I agree to cooperate in such investigations and release those parties supplying such information to the Company from all liability or responsibility with respect to information supplied.

Non-Union Applicants:

I understand that any offer of employment, which is made pursuant to this application, is contingent upon my successful completion of a drug screen. Any applicant who refuses to take the required drug screen or who tests positive on the screening will not be considered for employment.

I also understand if I have been recommended for employment the Company will perform a background investigation on me. I was provided with the consent form to complete and summary of rights under the Fair Credit Reporting Act.

I understand that employment with the Company is "at will". Should this application result in my employment, I understand that it should not be construed to imply the existence of an employment contract for any specified period of time and that the employment relationship can be terminated at any time by either party for any reason.

I hereby acknowledge that I have read and understand each of the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date